

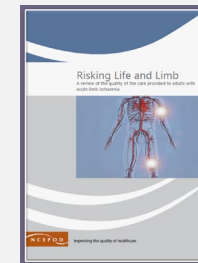
The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is a charity that works to make healthcare services better for the people who use them. We do this by collecting information from people who have used healthcare services. Our work has led to lots of positive changes in how healthcare is provided.

We collected information from hospitals and doctors to see how care for people with acute limb ischaemia could be improved

For information about Acute Limb Ischaemia, please see:

[The full NCEPOD report](#)

[Our useful resources page](#)



WHAT WE FOUND

There were delays in patients with acute limb ischaemia getting the limb saving treatment they needed. This was often due to a **lack of recognition** of the symptoms by healthcare professionals and patients and delays in patients with the condition in seeking medical help.

Patients most likely to benefit from an intervention (those with sudden loss of feeling or paralysis) were not always taken directly to a vascular hub hospital, which delayed their treatment. Most patients were delayed beyond the accepted target of six hours.

Network relationships between Hub and Spoke hospitals could have been better and delays occurred whilst patients waited to be transferred to a vascular hub.

Discharge planning could have been better. Patients who had an amputation did not always get psychological support. Patients who were at risk of future ALI (smokers, those with diabetes) did not always get the support they needed to reduce risk of future ALI.

WHAT HEALTH SERVICES CAN DO

Online patient information websites (GP/hospital /NHS 111) should include symptoms of ALI and direct patients with to urgently seek medical help.

Healthcare professionals (GP/emergency medicine/paramedics) should assess patients who present with sudden acute leg pain. Those with new sensorimotor deficit should be transferred as an emergency to nearest vascular hub.

Vascular networks should be set up between GP practices, spoke and vascular hub hospitals to share case notes and imaging and have a shared transfer protocol to reduce delays in the pathway.

Set up a 'red flag' for patients at higher risk, e.g. those with chronic limb-threatening ischaemia, atrial fibrillation, diabetes, or who smoke. They should be given advice on how to reduce their risk of ALI and told what they should do if they have symptoms.

WHAT YOU AS A PATIENT/CARER CAN DO

If you are at high risk for ALI e.g. have diabetes, chronic limb ischaemia, atrial fibrillation or smoke/vape, familiarise yourself the symptoms of acute limb ischaemia:

The 6Ps: pain, perishing cold, paraesthesia (loss of feeling), paralysis, pallor, pulselessness,

Seek emergency medical help immediately if any of these symptoms appear suddenly in your arms, hands, legs or feet.

***Remember:** No question is too small or unimportant. Your healthcare team wants to help you understand your admission to hospital and feel confident about your care. If you don't understand something, keep asking until you do.*